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FACSIMILE TRANSMITTAL SHEET

TO: Examiner Jennifer C. McNeil – Group Art Unit: 1775

FIRM/COMPANY: U.S. Patent and Trademark Office

FACSIMILE NUMBER: 703.872.9310

CONFIRMATION TELEPHONE: 703.308.0661 (Receptionist) or
703.305.0553 (Examiner)

FROM: Anne Marie Leavy for Edward J. Lynch

DIRECT DIAL: 415.371.2217

DATE: October 7, 2003

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FILE NUMBER: Docket No. R0376-00100

TOTAL # OF PAGES:
(INCLUDING COVERSHEET)

MESSAGE: Attached is a Response to the Office Action mailed 6/10/2003 in connection with patent application Serial No. 09/375,169, filed August 16, 1999.

Please confirm receipt of this facsimile.

NOTE: Original will NOT follow

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OCT 10 2003

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of *Atta et al.*

For: SELF-REPAIRING CERAMIC COATINGS

Serial No.: 09/375,169

Filed: August 16, 1999

Atty. Docket No.: R0376-00100

Examiner: J. C. McNeil

Group Art Unit: 1775

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CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that this these papers are being sent by facsimile to (703) 872-9310, addressed to Examiner Jennifer C. McNeil, at Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on October 1, 2003, in San Francisco, CA.

Ann Marie Leavy
Ann Marie Leavy

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is a Response to Office Action Mailed 6/10/03. Also enclosed is a Change of Correspondence Address.

2. Claim Fee Calculation

- ☒ No additional claim fee is required.
☐ Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Excess	Rate	Fee
Independent Claims	2201	5 - 5 =	0 x	\$43=	\$ 0
Total Claims	2202	25 - 27 =	0 x	\$9=	\$ 0

Total Fees Due \$ -0-

3. Request for Extension of Time for one month from September 10, 2003 to October 10, 2003 pursuant to 37 CFR §1.17(a), \$55.
4. Payment of Fees
☒ The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0376-00100.

By: *Edward J. Lynch*

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